

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	423514	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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48												
49												
50												
TOTAL IND.	11											
TOTAL DEP.	10	→	→	→	→	→						
TOTAL CLAIMS	3	1	1	1	1	1						
100												
TOTAL IND.							→	→	→	→		
TOTAL DEP.							→	→	→	→		
TOTAL CLAIMS												

BEST AVAILABLE COPY